

Enhanced Perinatal Hepatitis B Case Management

Susan Wang, MD, MPH
Prevention Branch
Division of Viral Hepatitis

May 1, 2007



Enhancing Perinatal Hepatitis B Case Management

- Primary Objectives:
 - Optimize perinatal case management
 - Assess completeness of identification of HBsAg-positive pregnant women
 - Clarify whether perinatal HBV infections are a result of failure to vaccinate or a result of vaccine failure
- Secondary Objectives:
 - Optimize secondary prevention activities



Optimize perinatal case management

- In collaboration with CDC and other project areas, develop a case management data collection system that includes a comprehensive, expanded set of core data elements useful for both case management and evaluation of case management activities.
- Implement and use enhanced case management data system and assess feasibility of collecting new core data elements



Sample Case Management Data Elements

- Maternal test results and dates of tests for:
 - HBsAg, Repeat HBsAg, HBeAg, Anti-HBe, HBV DNA viral load, ALT
- Maternal antiviral treatment, including dosages and tests
- Other maternal infections or notable health conditions
- Maternal demographics such as age, parity, foreign or U.S. born, country of birth, race/ethnicity
- Number of household and sexual contacts (some enhanced data elements will also be needed on household and sexual contact management activities)
- Expected date of confinement, Date and time of delivery
- Date and time of HBIG administration
- Date and time of hepatitis B vaccine #1 administration
- Date of hepatitis B vaccine #2 administration
- Date of hepatitis B vaccine #3 administration
- Date of hepatitis B vaccine #4 administration
- *Possibly vaccine brands or lot numbers used?*
- Date of postvaccination testing and test results
- Reasons for loss to follow-up at each point in time
- Documentation of efforts made to locate patient for those lost to follow-up



Assess completeness of identification of HBsAg-positive pregnant women

- To evaluate success in identifying births to HBsAg-positive pregnant women, including women with no prenatal care, quantifying numbers of women with unknown HBsAg status at the time of delivery
- To develop a mechanism for laboratories to indicate pregnancy status of individuals tested for HBsAg
- To evaluate the accuracy and utility of universal reporting mechanisms through cross-checking of these records with perinatal program data, laboratory records, and if needed, a sample of maternal and infant medical records

Optimize secondary prevention activities

- To determine program success in identifying contacts of HBsAg-positive women and calculate numbers of contacts identified, percentage tested for markers of HBV, and percentage of susceptibles vaccinated
- To determine extent to which a sample of HBsAg-positive mothers have been evaluated for HBV-related liver disease

Eligibility for Collaborating on Enhanced Perinatal Case Management

- May be eligible for funds from Division of Viral Hepatitis during FY 2007, 2008, or 2009
 - FY2007: New York City, Florida, and Minnesota
 - FY2008: Immunization Program Announcement solicits applicants with perinatal hepatitis B case loads of ≥ 200 identified HBsAg-positive births
- May have own funds or other CDC funds
 - Welcome to join in collaboration
 - Please communicate your interest to Lisa or Susan